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An

Engraved

Inaugural Dissertation

On

Cynanche Trachealis

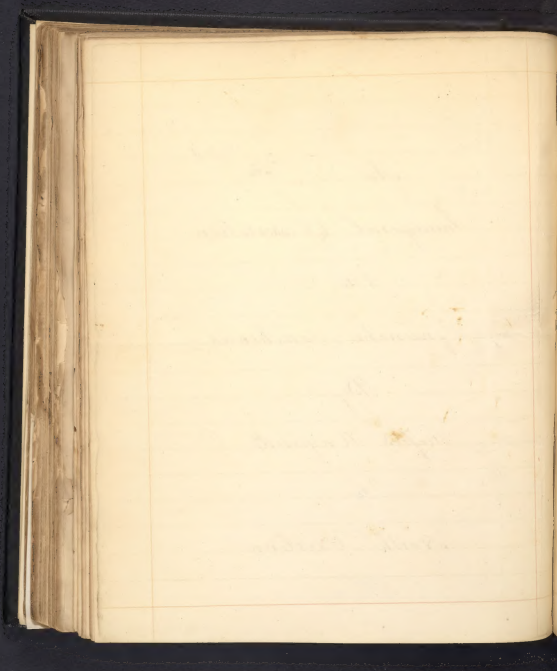
By

Rufus Haywood,

Esq.

North Carolina

1825-

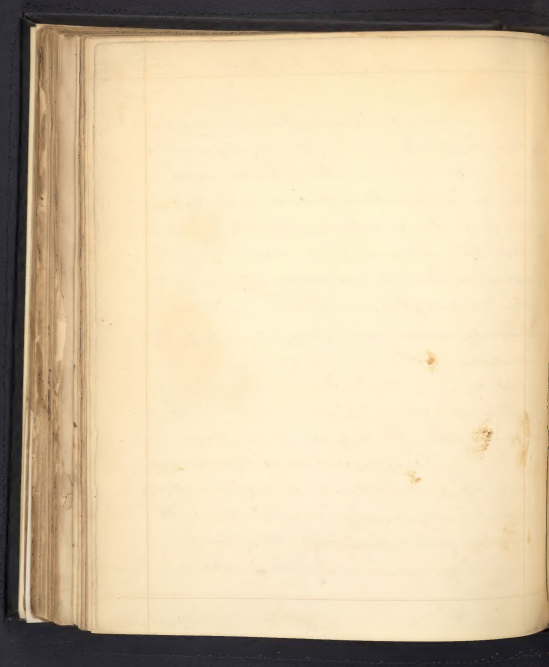


Cynanche Trachealis

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The *Cynanche Trachealis* or Croup, has been supposed by a vast majority of authors who have bestowed their talents upon this subject, to be a disease of modern origin. But a more extensive research into the archives of medical science has revealed, that it was accurately described by *Martino Ybis*, an Italian practitioner as early as the year 1749; and in 1765 the medical world received a more extensive and minute detail from *Doctor Hume*, whilst he filled the chair of *Materna Medica* in the University of Edinburgh.

To this, as to most diseases which have excited the attention of medical authority, a great variety of names has been applied. It has been called *suffocatio Stridula*, *Cynanche Larynx*, *Morbus Strangulatorius*,

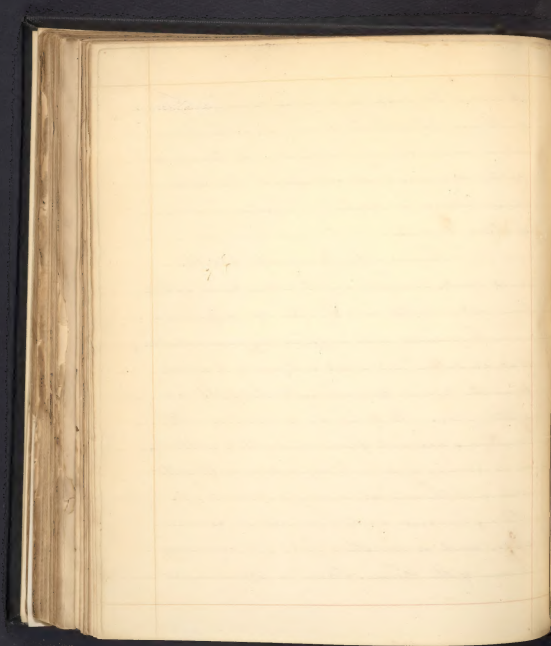


Angina Polypnea and most commonly *Croup* or *Hins*. *Trachetis*, however, is the term which most clearly indicates the true nature of the disease, and corresponds best with those which are applied to inflammations of other organs.

Cynanche Trachealis for the most part, prevails in children from a short time after birth until the age of puberty.

Experience has sufficiently demonstrated, that children are most subject to its attack from the period of weaning, to the fifth or sixth year. But we are furnished with numerous accounts from undoubted authority, of its having made its appearance within the first month, and at a very advanced age.

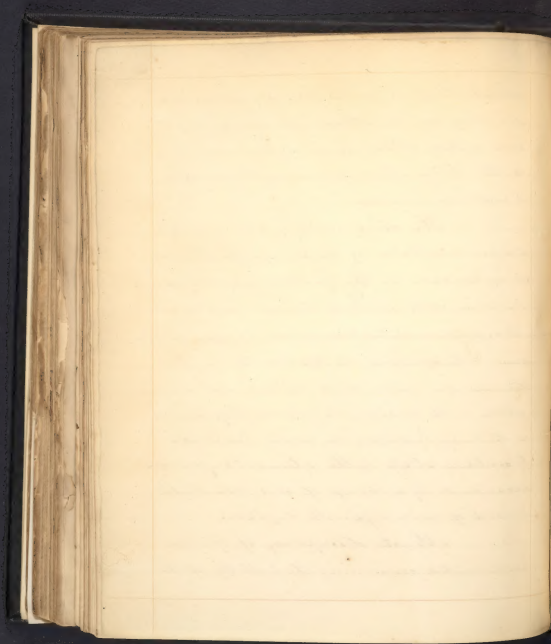
These, however, are to be considered as rare cases, and as deviations from the common tenor of the disease. From its appearing to



attach itself to particular families, and selecting for its attack the most robust and ruddy children, many have been led to the belief that it was a disease of a hereditary nature.

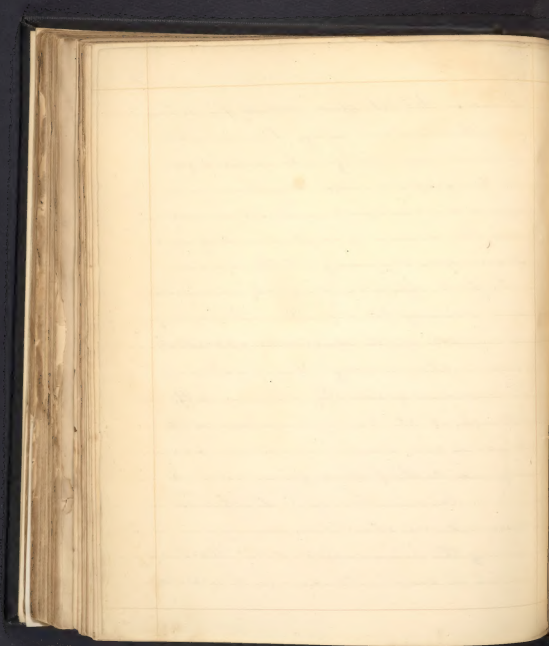
The chief exciting causes of this disease are: Cold and Dampness. It makes its appearance in the greatest majority of instances, after sudden changes in the weather, and in situations most exposed to the sea. Underwood, in his treatise on the diseases of women and children, has suggested with considerable plausibility, the idea of its being induced in many instances by certain states of the alimentary canal, occasioned by a change of diet from milk to food of more difficult digestion.

Much discrepancy of opinion has prevailed concerning the pathology of this



disease. Whilst some contend for its being altogether inflammatory, there are others of equal respectability who contend for its being spasmodic. By the most approved medical writers, it has been divided into the division of inflammatory and spasmodic. Supposing all the cases in which its effects are suddenly induced, and running their course with rapidity to partake of the spasmodic character; and inflammatory when it is slow in its approach gradually extending itself throughout the lining membrane of the Trachea, and remaining a source of annoyance to the patient for several days.

Examinations after death have discovered an adventitious membrane lining the inner surface of the trachea, which in some instances may be separated



from it, without changing its shape.

On detaching it from its adhesion, and examining it, no appearance of vascular matter is to be detected. But the signs of inflammation are very obvious, and in some instances extending to the very extremity of the membrane.

Its appearance presents different appearances in different cases. Sometimes it is almost as thin as paper, and at others so thick that it almost fills up the cavity of the tract.

There is also a material matter in its consistence sometimes presenting a soft pulp, and at others as firm and bony as to bear maceration in water for several days. The membrane of this membrane is not usually more





accompanied with some degree of
 and almost always with some degree of
 in person. The breathing, vocal, and
 labours, with each inspiration attended
 with a slight rising, but has been a rare
 he that evening, from a violent attack
 evening of a cough. The other symptoms
 hot, and he complains of much thirst, the
 being superadded to the symptoms already
 on a visit, the patient became restless,
 nothing, leaving himself in a very im-
 proved state to proceed if possible, only
 from the symptoms. Not to labour.
 The first attack of the disease. These signs
 are generally protracted in its course, and
 in the afternoon there is a partial remission
 of the symptoms. The evening, however, is
 from the same cause. The patient is
 the patient is finally exhausted.



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[illegible]





on extremities have been found of incision & benefit. Various remedies have been much celebrated and highly extolled, different writers in the treatment of the hæmorrhægem of the liver. Amongst the stimulant and antispasmodic medicines are strenuously insisted on, and there is a consensus of opinion in the use of the oil of Sassafras, of Spices, and camellia. Cases of this kind, however, in the advanced stage of the purpura have been totally neglected. The best mode of treatment to be pursued in cases of this nature, is the use of Rube-facients; and the best of these is the spirit of Turpentine applied by means of flannels. If the disease is still obstinate, and the symptoms become so augmented as to induce a total and immediate relapse, then, display the strongest antispas-



When syncope is induced by a sudden
 increase of the arterial tension, and the sym-
 ptoms consist of Stammering, Cough, Impeded
 respiration, and St. ~~omach~~, all but the last disappear,
 and the patient recovers the respiration it
 enjoys. As the efforts of the practitioners
 are directed to the accomplishment of this
 end, the Superficial vein should be selected
 for the operation, as a greater quantity of
 blood can be extracted from it in a given
 time, and the desired effect is only with
 greater certainty produced.

The crisis is the disease which
 withholds so long, and is the least
 cured by the remedies already mentioned,
 which is proved by the increase of the
 most formidable symptoms, and the res-
 toration of the almost insupportable
 distress, & the return of morbid ten-



first indication demanding our attention
is the thorough examination of the alimentary
canal. In the L.C. cannot do, the food
and almost all the other medicines have
ruined the power of some of our most
distinguished practitioners. But the failure
admitted in large doses and given
almost incessantly, is found, as a general
must effect, and has proved most effec-
acious in treating a large and increasing
number of cases.

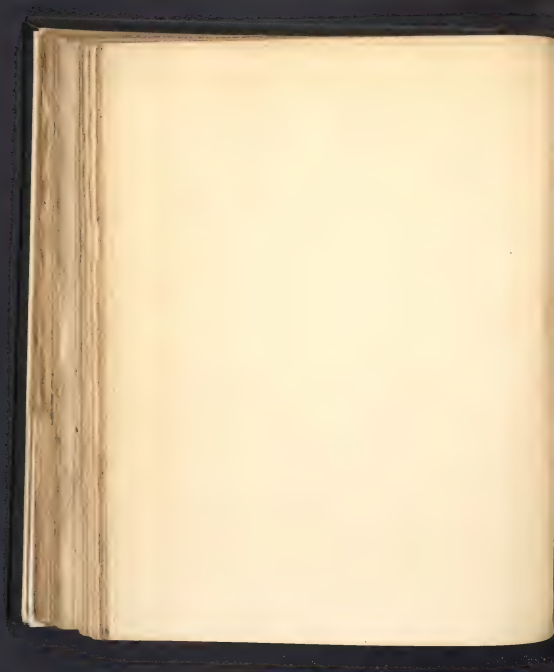
In the subsequent part of the disease,
we have to contend with a hard cough, tightness
of chest, and expectoration of mucus, which
may be a serious complication to the
patient for several days. The *Delphinium*
Seurica or the *Stem* group of drugs for
hemorrhage is reported to give of
irritated lungs. It is an extraordinary



the remains of Group that these articles display their best properties though they may be used with limited benefit in any of its stages.

When these several remedies have failed to arrest the disease, and we have evidence of the constitution sinking under its ravages: the operation of trephining has been recommended as a mode of procuring relief for a few hours, the fatal termination.

The first operations of this kind were performed with the absurd and delusive idea of extracting the adulterous matter from the surface of the brain. This ill-digested opinion was caught with avidity by the older surgeons, and abetted by them: it is to be considered the partiality, until, their experience taught them what their sagacity had not discovered that even



even it practicable for them to extract the membrane, a similar one would in a few minutes be formed by the same inflammation which produced the former.

Now it is possible for this operation to be proved successful by any mode hitherto devised, that suggested by the ingenuity of professor Physick, will have the palm of preference.

The symptoms and treatment of Croup, in the acute and forming stages, and whilst confined to the trachea, being now extensively delineated, the ends of my essay are accomplished. Whenever the inflammation extends itself throughout the lining membrane of the Bronchia, and the perichyema of the lungs, causing a profuse secretion of mucus into the cells, and an inordinate determination of blood to the part, it then becomes a new disease, as the difference

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of symptoms simplify, and demands a
new course of treatment.

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